

<div style="display: inline-block; width: 100px; font-size: 2em; font-family: cursive;">B</div> <div style="display: inline-block; vertical-align: middle;"> <b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)         </div>							SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">09/936653</div>		FILING DATE				
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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TOTAL CLAIMS	69							TOTAL CLAIMS					